PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. Department of the property of the pr

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/760,443			ing Date 20/2004	To be Mailed
APPLICATION AS FILED — PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	- CK	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	LD NO	N/A	ı	N/A	TEE (a)	١	N/A	TEE (0)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		ı	N/A	
-	(37 CFR 1.16(k), (i), o	E	N/A	-	N/A		N/A		ı	N/A	
	(37 CFR 1.16(o), (p), (AL CLAIMS	or (q))	minus 20 =		,		x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =			x s =	
	CFR 1.16(h))  APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (		n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.									ı	TOTAL	
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	01/02/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	· 48	Minus	<b></b> 186	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	9	= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1801)		Minus	**	-	1	x \$ =		OR	x s =	
8	Independent (37 CFR 1 16(h))	*	Minus	***	-	1	x \$ =		OR	x s =	
Ä	Application Size Fee (37 CFR 1.16(s))								1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
.,,									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner:  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in 68 (and by the USETO to noceess) an implication. Confidentiality is operand by 85 USE v. 22 and 37 CER 1.4. This collection is estimated to state 2 remarked to complete in exident graterials, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent of the CERT information Officer. U.S. Fattern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pattern 1, Po. D. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THE PATTERN TO THE P